2150: 6027 ⁻	37413 1		State of Ne		Mot	or \	/eh	icle	Ac	cid	er	nt Re	eport		She	et _1	of _	3	
2	Total Number Local No./ District 4.02 Agency Case DE 0.05303						202	HIT & RUN					INVESTIGATION MADE AT SCEN			T SCENE?			
A/1	of Vehi		103 No. B3-063302						YES X NO					XYES NO STATE USE ONLY			2		
01	DATE OF		4/2015 S M T W TH F S TIME OF ACCIDENT 1513								itary rime)	SIAIE O	DE OINE	'					
A/2	ACCIDENT									ACCIDENT _									
	PLACE OF	COUNTY	Lancaster							NOTIF	IFIED 1327			00/1	1/20	1 5]	
В	ACCIDENT	CITY	Lincoln		PRIVATE PROPERTY				ry? S NO	09/14/2015 LATITUDE				_					
80		D ON WHICH STREET/ SHERIDAN RI VD ONE-WAY YES NO										LAIIIODI	3						
с 1		STANCE FROM FEET N S E W OF MILEPOST									IWAY					LONGITUDE			
	MILEPO	ST	IE AT INTERS	US1	IF NOT AT INTERSECTION														
^D	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY X) F								ILES 1		E		EAREST STRE	_ ET, BRIDGE	, BRIDGE, RAILROAD CROSSING				
V1/M							39.0	00				X S. 37TH ST							
12				ACCIDENT V	VAS OUTSI							ROM NEAF	REST TOWN					1	
V2/M	MILES		N S E	W AND MILES			N S	EV		OR TOW									
20	R. WORK	R1	R2 R3 R4	S. PEDES	STRIAN	S1 :	S2 S	S3 S4	S5-a	S5-b	S6-a	s S6-b	DOES ACCIE					1	
E	ZONE CODES	1			SIFICATION								STATE DEPT. O			OF ROADS' PROPERTY?			
2							VEHI	ICLE N	O. 1					20 2				┨	
F	DRIVER		NO. V00285	5641									STATE	NE	s		FEMALE	1	
1 V1/N	DRIVER									PHONE			(Of License	LOCAL N	IO.		MALE	1	
1	DENISE DRIVER ADDRI	NISE A WHITCOMB 402-350-6059																	
V2/N	5929 N		H ST, OMAHA, NE 68111 BIRTH 08/30/1957											19					
1	OWNER LANC	ASTE	PHONE LOCAL NO.											V1/2					
G 2	OWNER ADDR	ESS	CITY, STATE, ZIP CITATION YES CITATION NO.										1						
2	5901 C			COLN, N	= 68510)					T	PENDI	NG X NO		STA	TE		V1/3	
2	LICENSE PLATE	GS	NO. 56761 YEAR	MAKE	IM	MODEL		BC	DDV STVI	F	(Pla	color		ESTIMATED	(Of F		NE	V1/4	
V1/O	VEHICLE		1995 SAFTLNR Bus (seats 15+ yellow totaled \$ 1000)							
1	VEHICLE ID NO. (VIN)	1T7	75T4B20S11	27432									E COMPANY ESIS INS	СО				V1/5	
V2/O	TOWED TO	ı			TOWED BY							POLICY NO						19 V1/6	
							VEHI	ICLE N	O. 2			IVD	300906L					35	
1	DRIVER LICENSE		NO.										STATE (Of License	,	s	EX 🧲	FEMALE		
V1/P	DRIVER							PHONE					(Of License	LOCAL NO.			1		
1	PARKI DRIVER ADDRI				CITY, S	STATE, ZIP							DATE OF					V2/1 18	
V2/P										T=			BIRTH (MM / DD / YYY					V2/2	
8 J	CATHER	RINE L	- HADEN (1	1-07-1947	<i>'</i>)					PHONE 402		2-1490		LOCAL N	10.				
01	OWNER ADDR		ST, LINCOL	N NF 68		STATE, ZIP				•	C	TATION PENDI	NG X NO	CITATION	I NO.			V2/3	
V1/Q	LICENSE		CED/ 04	,	,002							YEAR	2016		STA	TE	NE	V2/4	
4	PLATE	PA YEAR			BODY STYLE			(Pla	COLOR	OR E		(Of F	E /		-				
V2/Q	VEHICLE		2006 Toyota SIENNA Mini van beige totaled \$ 2000)	V2/5							
4 к	VEHICLE ID NO. (VIN)	5TI											18						
01	TOWED TO		TOWED BY POLICY NO. 209 8580-A15-27K										V2/6 35						
		Comp	lete this se	ection for	r all inju	ured p	oerso	ons			\top		OF BIRTH	1	2	3		5 SEX	
VEH. #			plete a continuati	on report, if n								(MM /	DD / YYYY)	Seat Positio	Eject	Body Region	n Sev. Tra	ns. MF	
VEП. #				7.5	5200														
	LOCAL NO.	ICAL NO. MEDICAL FACILITY NAME						EMS SERVICE NAME						EMS RI	JN REP	ORT NO.			
VEH. #	NAME			AD	DRESS						\neg				Т		\top		
			IMEDICAL FACULTY	NAME			1-	Me offi	CE NAME	-				EMO 21	IN DES	OPT NO			
	LOCAL NO.		MEDICAL FACILITY	INAIVIE				MS SERVI	CE NAME					EMS RI	ON KEP	ORT NO.			
VEH. #	NAME		1	AD	DRESS												\top		
	LOCAL NO.		MEDICAL FACILITY	NAME			E	MS SERVI	CE NAME					EMS RI	JN REP	ORT NO.			
			1				- 1							1					

		THE FO	LLOWIN	IG INFO	RMATIC	N IS REQUIR	ED FO	R ALL ACCIDE	NTS					
				INDICATE BY DIAGRAM WHAT HAPPENED					AGENCY CASE NO. B5-085302					
$ \langle \ \ \rangle $			•		•		•							
Indicate North by Arrow							-							
				N					٠	٠				
		. [Not 7	o Scale			37TH	curb of S. 37th St of the north cu	:./6' south in	٠	٠			
			SHERID	AN BLVD		, io								
		. 24			2	1								
											-			
			35TH	ST										
OBJECT DAMA	OBJECT DAMAGED OWNER NAME				ADDRESS			PHONE		APPROX	K. COST OF E	DAMAGE		
OBJECT DAMAGED OWNER NAME					ADDRESS PHONE					APPROX. COS				
NAME NAME					ADDRESS					PHONE				
BEFOR	E MOVEMENT E COLLISION	N	OINT OF IM	GED AREA		AIRBAG DEPLO VEHICLE 1		RESTRAINT USE VEHICLE 1	, ,	UPANTS VI	1 v	EH 0		
VEH NO. N S E W	21.155.5	<u> </u>	er numbers f		ŕ	_		_		OHOL Driv		Pedes- trian		
1 X		DOINT OF	03	POINT OF	06	5	$\mathbb{H}_{\mathbb{L}}$	A large way desired a second	—— LE'	OHOL Y VEL STED N	Y	Y		
2 X 1 05		MOST		IMPACT MOST	06	1 Deployed - front 2 Deployed - side	3	None used - vehicle occi Lap & shoulder belt use Shoulder belt only used	d —	EVEL N	X N X	N		
2 10	06 Turning left 07 Making U-tui 08 Entering traffic lane	n DAMAGED AREA 00 None	03	DAMAGED AREA	04	3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		Lap belt only used Child safety seat used Child booster seat used DOT approved helmet used Costume helmet used	sed	LCOHOL/ DRUGS JSPECTED	Driver No. 1	Driver No. 2		
01 Essentially straight ahear 02 Backing 03 Changing lan 04 Overtaking/ Passing 05 Turning right	09 Leaving traffic lane 10 Parked es 11 Slowing or stopped in tr 12 Other 13 Unknown	10 Underca 11 Total (al	09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other 08			VEHICLE 2		Restraint use unknown VEHICLE 2	2 Ye	either alcohol es - alcohol sus es - drugs susp es - alcohol & nknown	spected pected			
OFFICER NO. 1513	13 OHMHOWII	TROOP/ TEAM/ BEAT 5			DEPARTA	oln Police Depa	<u> </u>	Photographs YES taken? X NO						
INVESTIGATOR NAME (Print or Type) Curtis Wolbert					ator signation oved by	TURE Officer Curtis	Wolber	rt .	DATE		/14/201	5		

State of Nebraska

Investigator's Supplemental Truck and Bus Accident Report

215037413 60271		This form	must be comp	pleted in add	lition to th	e DR Form 4	l0, "Investiga	itor's Motor Velon the back of	hicle	orm. Sheet 3 of 3			
LOCAL NO./DISTRICT			DATE OF ACCIDE	COUNTY			CITY			STATE USE ONLY			
103			09/14/2015 Lancaster			Lincoln							
AGENCY CASE NO.					EI								
B5-085302			SHERIDAN										
DRIVER (Print or type full name	20)			7	RUCK /	BUS - 1							
DENISE A WHI	,	В			CARRIER IDENTIFICA	1 U.S TION	1 ICC MC						
CARRIER NAME (Print or type CARRIER ADDRESS (Street of			CITY, STATE.	. ZIP	or GROSS CO WEIGHT RATI		☐ 10,000 Lbs. or Less (Requires Haz Mat Placards) ☐ 10,001 Lbs. — 26,000 Lbs. ☑ More than 26,000 Lbs.						
	,			, —		VEHIC	LE CONFIGU (Check one)		CARGO BODY TYPE (Check one)				
TRAILER LICENSE		Year		Sta	te	2 Single (10,00		GVWR)	1 Bus (seats 9-15, including driver) 2 Bus (seats 15+, including driver)				
PLATE No).					3 Single	-Unit Truck er than 26,000	Lbs GVMP)					
COMMERCE CLASSIFICATIO (Check one)	N		CK WIDTH DRIVER'S LICENSE CLASS CODE				Tractor (bobtail)		4	☐ Van/Enclosed Box☐ Grain/Chips/Gravel			
1 ☐ Interstate Commerce 2 ☐ 102			I AII WIII			7 Tractor 8 Tractor 9 Unkno	r with Semi-Tra r with Doubles r with Triples wn Heavy Truc seats 9-15, incl	k	6 [7 [8 [9 [7			
	DOUS MAT	ED .		1 = `	seats 15+, inclu	_	Auto Transporter Garbage/ Refuse						
Did vehicle have a Haz Mat Placard? 1 ☐ Yes 1-Digit Hazard Class from bottom of Diam Placard. 1-Digit No			released? (Do not count fuel from fuel tank) 1 Yes			40 ☐ Haz M (van, I	lat Passenger (lat Light Truck mini van, picku 10 Lbs. or less	o, sport utility)	12 Other (Specify) 13 Unknown				
						1 Not :		Intercity Bus 7 Other Not Reported					
			\	7	TRUCK /	BUS - 2							
DRIVER (Print or type full nam	ne)					CARRIER 1 U.S. DOT 1 ICC MC IDENTIFICATION							
CARRIER NAME (Print or type				or GROSS CO WEIGHT RATI	NG (GCVWR)	10,000 Lbs. or Less (Requires Haz Mat Placards) 10,001 Lbs. – 26,000 Lbs.							
CARRIER ADDRESS (Street of		, ZIP		(Combined ratin	ng for vehicles a		More than 26,000 Lbs.						
						VEHIC	(Check one)	RATION	CARGO BODY TYPE (Check one)				
TRAILER LICENSE PLATE No.				Sta	te	3 Single	1-26,000 Lbs.		1 ☐ Bus (seats 9-15, including driver) 2 ☐ Bus (seats 15+, including driver)				
			CK WIDTH of truck or trailed	DRIVER'S CLASS		4	Tractor <i>(bobtail)</i> with Trailer)	4	☐ Van/Enclosed Box ☐ Grain/Chips/Gravel			
1	merce		2 inches Der (Specify) C C			7				Cargo Tank			
			ERIAL INVOLV			. –	s <i>eats 15+, inclu</i> lat Passenger (-	_	1 Garbage/Refuse			
Did vehicle have a Haz Mat Placard?	Hazard Clas	s Number	released? (Do	as hazardous cargo eased? (Do not count el from fuel tank)		lat Light Truck mini van, picku _l 10 Lbs. or less	o, sport utility)		Other (Specify) Unknown				
1 Yes from bottom of D 2 No Placard.			Diamond 1 ☐ Yes			(10,00	LUS. UI 1688						
		t No		2 No		1 Not a 2 Trans		Intercity Bus 7 Other					
INVESTIGATOR NAME (Print of	or type)		INVESTIGATOR	SIGNATURE		DEPARTI				OFFICER NO. DATE OF REPORT			

Curtis Wolbert

Approved by Officer Curtis Wolbert

09/14/2015

1513

Lincoln Police Department